SPECIAL WASTE PROFILE FORM (WPF)
CITY OF LAREDO SANITARY LANDFILL (MSW-1693A)

This form must be reviewed and approved by the City of Laredo before any special waste is transported to the landfill for disposal. Please complete and return to: Special Waste Coordinator, City of Laredo, Solid Waste Department, P.O. Box 1965, Laredo, TX 78044-1965 or fax to (956) 795-2024. If you have questions, call (956) 795-2515.

1. GENERATOR INFORMATION

Generators Name:	
Generator Mailing Address:	
Generating Site Location:	
Generator Contact:	Phone: _____ FAX: _____
Contact Mailing Address:	Phone: _____ FAX: _____

2. DESRIPTION OF WASTE CHARACTERISTICS REQUIRING SPECIAL HANDLING:

3. DESCRIPTION OF PROCESS WHICH PRODUCES THE WASTE:

4. PHYSICAL AND CHEMICAL PROPERTIES

Volume of Waste (in cubic yards):	Type of Delivery Container or Vehicle	Frequency of Delivery to Landfill:

Waste/Chemical Composition :	% of Waste (total must add to 100%)	Physical Characteristic of Waste (color, texture, appearance):
		☐ Solid ☐ Semi-solid
		Free Liquids ☐ Yes ☐ No
		☐ Liquid ☐ Powder
	= 100%	Flash Point: _____☐ °C ☐ °F pH: _____

List attached chemical analysis results (include sample documentation, quality control data for each analysis, and chain of custody), Material Safety Data Sheets, and/or any process knowledge used to characterize the waste:

Texas Registration No.
_____
(only for industrial generators)

Texas Waste Code No:
_____
(only for industrial generators)

GENERATOR/REPRESENTATIVE

I certify that the above information is correct and complete to the best of my knowledge, and the waste is not hazardous as per 40 *CFR* 26I or a Class I non-hazardous waste as per 30 *TAC* 335.505. The responsibility for proper disposal of waste always remains with the waste generator. I,

_____   am employed by   _____   and am authorized to sign this request for:
(NAME, Please Print)   (COMPANY NAME, PHONE NO.)

_____   _____   _____
(COMPANY NAME)   (SIGNATURE)   (DATE)

CITY OF LAREDO SANITARY LANDFILL APPROVAL

_____   _____   _____
(NAME, TITLE)   (SIGNATURE)   (DATE)